

Approved	<input type="checkbox"/>
Denied	<input type="checkbox"/>

Follow up:	<input type="checkbox"/>
Managing Director:	<input type="checkbox"/>
Assigned to: _____	
Conference Room: ____	
Scheduled Date: ____	



Cambridge Water Department
250 Fresh Pond Parkway
Cambridge, MA 02138

617 349-4777
Fax: 617 349-4796
email: cwd@cambridgema.gov

Request for Tour of Fresh Pond

☐ **Purification Facility**

☐ **Fresh Pond Reservation**

(Please check event desired)

Today's Date: _____

Name of Applicant and/or Organization: _____

Address: _____ City: _____

Work Phone # _____ Home Phone # _____ Fax# _____

Email: _____

Please describe what you would like to learn from your visit to the Cambridge Water Department:

Number of People: _____ Age or Grade of Group: _____

Preferred Date: _____ Arrival Time: _____

Alternate Date(s) and Time(s): _____ / _____

Special Requests/Needs: _____

How will you be travelling to the Facility?

Private vehicle(s)* _____ Public Transportation _____ Walking _____ Bicycle _____ other _____

**If you are using private vehicles and it is not equipped with a Cambridge Resident Sticker you will need to be issued a temporary Water Department Parking Permit. If this is the case, please submit License Plate numbers prior to arrival fax them to (617)349-4796 }so permits will be ready when you arrive.*